

DATE

10-6-15

2015 OCT 13 PM 2 03

To the honorable, the City Council of the City of Cambridge  
The undersigned respectfully pray

OFFICE OF THE CITY CLERK  
CAMBRIDGE, MASSACHUSETTS

HARVARD SQ Eyecare

Name of Petitioner or Business

located at

495 MASS AVENUE, CAMBRIDGE

Address

MA 02139

Be granted permission for a/an ( ) "A" FRAMED SIGN, ( ☒ ) SANDWICH BOARD,

( ) DISPLAY OF MERCHANDISE

( ) Temporary Banners Hung Across Public Way  
(Abutters approval forms required)

( ) # of TABLES, for restaurant seating ( ) Y ( ) N, ( ) # of CHAIRS REQUESTING ( ) Y ( ) N

Permit Fee: \$75.00 per year renewable on or before March 31

495 Mass Ave, Camb., MA 02139

In front of premises numbered

~~15 Belmont St. Camb.~~

Address where sign or seating will be

~~02138~~

Check the Days off the week



Monday



Tuesday



Wednesday



Thursday



Friday



Saturday



Sunday

Time period:

FROM 10 A.M. TO 7 P.M.

Petitioner signature



Print name here

Lauren Dickerman

Telephone number

617 312 0272

Emergency #

617 312 0272

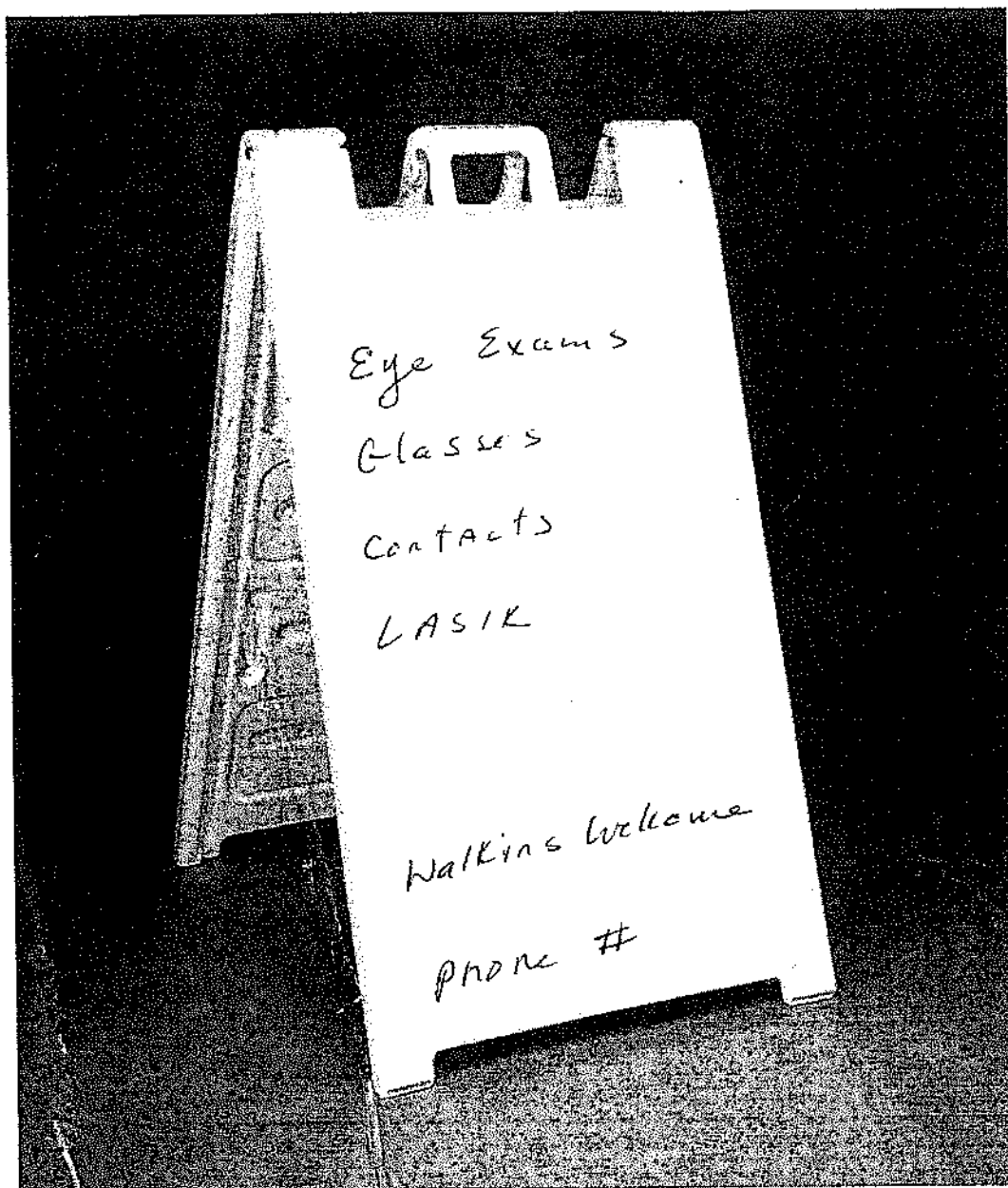
Email Address

dr@hseyecare.com

PLEASE ATTACH A SKETCH TO YOUR APPLICATION ILLUSTRATING YOUR REQUEST

Petitioner must also provide and have on record a Certificate of Insurance Coverage (naming the City of Cambridge) as the holder. Coverage amount should be in the sum of 1,000,000.00





Eye Exams

Glasses

CONTACTS

LASIK

Watkins welcome

phone #